

IN THE UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF ARKANSAS  
FAYETTEVILLE DIVISION

ANTOINE DAVIS

PLAINTIFF

v.

Civil No. 06-5148

ARAMARK; DR. HOWARD; WASHINGTON  
COUNTY JAIL; and DOCTOR AND NURSES  
OF THE WASHINGTON COUNTY JAIL  
MEDICAL STAFF

DEFENDANTS

**ORDER**

Plaintiff's complaint was filed in this case on August 11, 2006. Before the undersigned is the issue of whether the complaint should be served. In order to assist the court in making such determination, it is necessary that plaintiff provide additional information.

Accordingly, it is ordered that plaintiff, David Reimers, complete and sign the attached addendum to his complaint, and return the same to the court **by December 15, 2006. Plaintiff is advised that should he fail to return the completed and executed addendum by December 15, 2006, his complaint may be dismissed without prejudice for failure to prosecute and/or for failure to obey an order of the court.**

IT IS SO ORDERED this 21st day of November 2006.

/s/ Beverly Stites Jones

HON. BEVERLY STITES JONES

UNITED STATES MAGISTRATE JUDGE

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WESTERN DISTRICT OF ARKANSAS  
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ARAMARK; DR. HOWARD; WASHINGTON  
COUNTY JAIL; and DOCTOR AND NURSES  
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**ADDENDUM TO COMPLAINT**

TO: ANTOINE DAVIS

This form is sent to you so that you may assist the court in making a determination as to the issue of whether the complaint should be served upon the defendants. Accordingly, it is required that you fill out this form and send it back to the court **by December 15, 2006**. Failure to do so will result in the dismissal of your complaint.

The response must be legibly handwritten or typewritten, and all questions must be answered completely in the proper space provided on this form. If you need additional space, you may attach additional sheets of paper to this addendum.

**RESPONSE**

In your complaint, you allege your rights were violated on June 13, 2006; June 23, 2006; and, July 10, 2006, when money was wrongfully taken from your inmate account to pay for alleged medical expenses. You also state that you were denied proper medical attention.

1. In your complaint, you state that medical expenses were wrongfully taken from your inmate account. Did you see a doctor or nurse at any time prior to June 13, 2006?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

If so, when did you see a doctor or nurse and why?

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2. Did you see a doctor or nurse prior to June 23, 2006?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

If so, when did you see a doctor or nurse and why?

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3. Did you see a doctor or nurse prior to July 10, 2006?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

If so, when did you see a doctor or nurse and why?

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4. You state that Nurse Shirley researched these charges and determined that they were likely charged by the commissary. Did you check with the commissary to determine whether they made the charges?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

If yes, who did you speak to, when did you speak to them, and what were you told?

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5. Were you ever denied medical treatment?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

If you answered yes, please explain.

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6. Do you contend that you were denied proper medical treatment because you do not agree with the medical treatment you received?

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7. Please state how the defendants' refusal to allow you to seek the opinion of an outside doctor harmed you.

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8. You state that you are experiencing dizzy spells, headaches, and pain in your shoulders and back. How long have you been experiencing these symptoms?

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9. You name Dr. Howard as a defendant. Please state how you believe he or she violated your federal constitutional rights.

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10. When treated by Dr. Howard, did you make all of your symptoms known to him?

Answer: Yes \_\_\_\_\_ No \_\_\_\_\_.

11. You have listed several entities as defendants in this case. However, the Washington County Jail and Aramark are not entities subject to suit. Please provide the name of the individual or individuals associated with these entities that you wish to sue.

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12. With respect to each of the persons listed in response to question 10, state how you believe each of them violated your federal constitutional rights.

13. You name the doctors and nurses at the Washington County Jail as defendants in this case. In order to ensure that all defendants receive notice of your complaint, however, we will need a name and address for each defendant. Please provide the name and address of each doctor and nurse you wish to sue.

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14. Are you suing the defendants in their individual capacity, official capacity, or both?

Claims against individuals in their official capacities require proof that a policy or custom of the entity violated your rights. Personal capacity claims, on the other hand, are those which allege personal liability for individual actions by officials in the course of their duties.

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15. You state that you were told that you could not obtain copies of your grievances unless you hired an attorney. When were you told this and by whom?

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I CERTIFY THAT THE INFORMATION CONTAINED HEREIN IS COVERED BY  
THE VERIFICATION MADE BY ME ON MY INITIAL COMPLAINT.

\_\_\_\_\_  
ANTOINE DAVIS

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DATE